

<b>Case Number:</b>	CM14-0027267		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old male who reported an injury on 01/02/2012. The mechanism of injury involved a fall. Current diagnoses include lumbar spine sprain, L4-5 and L5-S1 disc herniation and annular tear, marked bilateral foraminal stenosis at L4-S1, marked discogenic changes, significant facet arthropathy, and bilateral L5-S1 radiculopathy. The injured worker was evaluated on 01/22/2014 with ongoing pain and stiffness in the lumbar spine radiating into the bilateral lower extremities. Physical examination on that date revealed tenderness to palpation, spasm, limited lumbar range of motion, positive straight leg raise, positive sacroiliac strain testing, diminished strength, and decreased sensation in the bilateral L5 and S1 dermatomal distributions. It was noted that an EMG and nerve conduction study on 09/13/2012 indicated acute bilateral L5 and S1 radiculopathy. Treatment recommendations at that time included an L4-S1 posterior spinal decompression and fusion with preoperative clearance, a bone stimulator, a lumbar support brace, and 2 weeks of home health care.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **ONE PREOPERATIVE LABORATORY TESTS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), CHAPTER 12,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General

**Decision rationale:** Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, there was no evidence of a significant medical history or any comorbidities that would warrant the need for a preoperative clearance. As such, the current request is not medically appropriate. Therefore, the request is not medically necessary.

**ONE LUMBAR SUPPORT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post operative (fusion).

**Decision rationale:** Official Disability Guidelines state a postoperative back brace is currently under study and given the lack of evidence, a standard brace would be preferred over a custom postoperative brace. As per the documentation submitted, the injured worker has been issued authorization for an L4-S1 fusion. Therefore, the medical necessity has been established at this time. As such, the request is medically necessary.

**ONE BONE STIMULATOR UNIT (RENTAL FOR SIX MONTHS OR PURCHASE):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone Growth Stimulator

**Decision rationale:** Official Disability Guidelines state either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with risk factors for failed spinal fusion including 1 or more previous failed fusion, grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis. The injured worker has been issued authorization for an L4-S1 fusion. However, the injured worker does not meet any of the above-mentioned criteria for the use of a bone stimulator. As such, the request is not medically necessary.

**TWO WEEKS OF HOME HEALTH CARE VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. As per the documentation submitted, the injured worker has been issued authorization for an L4-S1 fusion. However, there is no indication that this injured worker would be homebound following surgery. The type of services required was not listed. The duration of treatment was also not listed. As such, the request is not medically necessary.